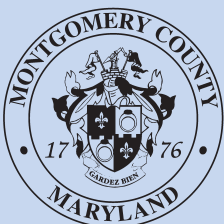




# Montgomery County Government Point of Service Plan

## Health Benefits Program

Active and Retirees



Effective January 1, 2006

# *How to choose a Primary Care Physician (PCP) from the CareFirst BlueCross BlueShield Point of Service (POS) Plan\**

Montgomery County employees and their dependents may select a Primary Care Physician or Specialist from two large networks:

1. Maryland POS network (PCPs)
2. CareFirst BlueChoice (PCPs and Specialists)

This allows a wide selection of participating physicians from the entire State of Maryland, District of Columbia and Northern Virginia.

\* You may want to contact your doctor to determine if he or she participates in the above networks.

## Find a participating Physician by Internet (updated Bi-weekly):

1. You can access CareFirst's POS Networks on the Internet: [www.carefirst.com](http://www.carefirst.com)

- Go to [www.carefirst.com](http://www.carefirst.com).
- Click on the **"Find a Doctor"** button in the *Solution Center*.
- If you want to find out whether or not a specific doctor participates in one of our networks, type the doctor's last name in the box entitled **"Search By Provider Name."** All doctors with that last name will appear in a chart. Select the appropriate doctor from that list to determine which networks he or she participates in.
- If you are searching for a new provider, select one of the options listed under **"Search By Provider Type."** Select Point of Service (POS) to find a PCP or select CareFirst BlueChoice to select a PCP or Specialist. And then click **"Locate a Provider."**
- The next two screens will allow you to refine your search to the type of doctor or medical facility, the area in which you live, or any of several other options. Complete any of these areas and click search.
- You may also call the Member Services toll-free number on the front of your ID card for assistance in selecting a PCP or obtaining a printed copy of a provider directory.

Montgomery County employees may also access CareFirst *Options* (complementary and alternative therapists).

2. You can look through a paper directory:

Consult the Combined Point of Service Provider Directory to select your Primary Care Physician.

- You are welcome to stop by the Executive Office Building, OHR, and 7th Floor to pick up your own paper copy.

\*A Primary Care Physician is necessary to access in-network benefits.

# What’s Inside? – An overview of the Medicare Point-of-Service Plan

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# An Overview of the Medicare Point-of-Service Plan

CareFirst BlueCross BlueShield (CareFirst) is pleased to administer the Health Plan Option for retirees in conjunction with Montgomery County. Retirees who wish to continue their health plan must apply for Medicare Part A and Part B as soon as they are eligible for that federal benefit. After you receive Medicare coverage, Medicare becomes the primary source for payment of claims, and the CareFirst plan becomes secondary.

Retirees or their eligible dependents must submit a copy of your Medicare card to the Benefits Administration Office showing the effective date of the Part A and Part B coverage.

If you are eligible for Medicare, your primary insurer is Medicare. This means that your claims must be filed to Medicare first. If Medicare does not cover the entire cost, the balance of your medical bills should be filed to

CareFirst for reimbursement. If you live in Washington, DC, Northern Virginia, Prince George's or Montgomery County in Maryland and are interested in having your Explanation of Medicare Benefits (EOMB) sent directly to CareFirst, please call CareFirst Member Service for a Medicare Coordination of Benefits form. If you reside outside the Medicare service area, you must file your claim along with your EOMB to:

**CareFirst BlueCross BlueShield**

PO Box 1739

Cumberland, MD 21501

The CareFirst Member Service number is:  
**1-(888) 417-8385.**

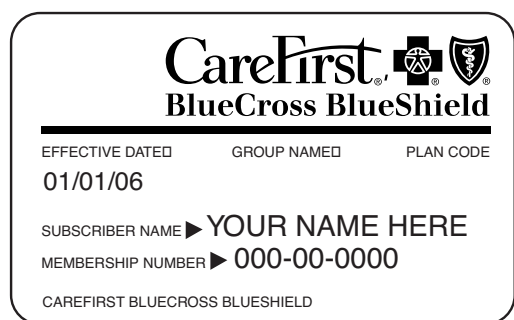
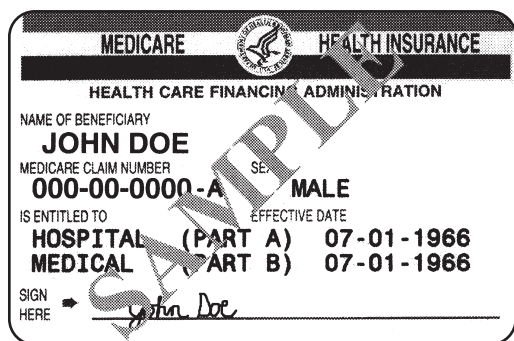
Remember to bring your Medicare ID card when you visit your physician.



# The Montgomery County Medicare Point-of-Service Plan

## Administered by CareFirst

The CareFirst Medicare POS Plan offered through Montgomery County is health care coverage which will pay after Medicare. This plan requires you to have Medicare part A & B in order to receive POS benefits. When treated in a doctor's office or a hospital, always present your Medicare card and your CareFirst card.



*Note: When seeking medical care, please show both your Medicare card and your CareFirst card.*

When seeking medical care, you will have the least out-of-pocket costs when you are seen by a physician who accepts Medicare assignment. Please note that all physicians must submit your claims to Medicare; however, not all physicians have to accept assignment. In other words, the physician that does not accept Medicare assignment may charge you up to 15% above the Medicare allowed amount for services, also defined as the limiting amount. You may be asked to pay the bill in full at the time of service.

Once you have been seen by the physician, the claim will be submitted to Medicare. After the claim is paid, you will receive a Medicare explanation of benefits. Since CareFirst is your secondary insurance plan, the claim is then filed with us. CareFirst also sends an Explanation of Health Care Benefits (EOHB) which states the amount the provider may bill if he accepts assignment. (See "How to file claims" on page 8 for more details.) The benefit chart within this booklet will show you the type of service, and how it is paid by Medicare and CareFirst.

As a member of CareFirst, you are covered for services in Maryland, in the United States, and even outside the U.S. You are also eligible to seek alternative therapies and wellness services at a discount rate through the CareFirst Options Program. For more information about the providers and services, you may call the Option's Member Services toll free number (1-888-417-8385) or by visiting the online directory on CareFirst's web site ([www.carefirst.com](http://www.carefirst.com)).

Montgomery County also offers a prescription plan. Verify coverage with Montgomery County.

## ***Inpatient Hospital/Facility Services***

Room & Board (includes maternity and birthing room charges), ICU/CCU (other special care units), and Ancillary Services (incl. nursery charges)	100% of the Medicare approved amount after inpatient deductible
Extended Care Facility/Skilled Nursing Care (medically necessary care—non custodial)	Days 1–20: 100% of the Medicare approved amount; Days 21–100: 100% of the Medicare approved amount after per day deductible

## ***Inpatient Professional/Practitioner Services***

Physician Surgical Services	80% of the Medicare approved amount after annual deductible
Anesthesia, Assistant Surgeon	80% of the Medicare approved amount after annual deductible
Consultations (including follow-visits) & Physician Visits (includes ECF)	80% of the Medicare approved amount after annual deductible
Radiation Therapy, Chemotherapy, and Renal Dialysis	80% of the Medicare approved amount after annual deductible

## ***Outpatient Hospital/Facility Services***

Minor/All Surgery (includes hospital based and freestanding surgical centers)	80% of the Medicare approved amount after annual deductible
Preadmission Testing	80% of the Medicare approved amount after annual deductible
Radiation Therapy, Chemotherapy, and Renal Dialysis	80% of the Medicare approved amount after annual deductible
Physical & Speech Therapy	80% of the Medicare approved amount after annual deductible
Occupational Therapy	80% of the Medicare approved amount after annual deductible
Diagnostic Tests	80% of the Medicare approved amount after annual deductible. Note: Medicare pays 100% of the Medicare approved amount for clinical laboratory services

## ***Outpatient/Office Professional Services***

Minor/All Surgery	80% of the Medicare approved amount after annual deductible
Anesthesia, Assistant Surgeon	80% of the Medicare approved amount after annual deductible
Diagnostic Tests	80% of the Medicare approved amount after annual deductible. Note: Medicare pays 100% of the Medicare approved amount for clinical laboratory services
Office Visit for Illness, Injury or Consultation	80% of the Medicare approved amount after annual deductible
Allergy Tests	80% of the Medicare approved amount after annual deductible
Allergy and Other Covered Injections—administration of injection	80% of the Medicare approved amount after annual deductible
Physical Therapy & Acupuncture	80% of the Medicare approved amount after annual deductible
Speech & Occupational Therapy	Speech therapy: 80% of the Medicare approved amount after annual deductible. Note: Occupational therapy limited to \$1,500 per year Speech & physical therapy limited to \$1,500 per year.

## ***Preventive/Well Care (Routine)***

One Annual Adult Physical, Immunizations and Diagnostic Tests: Age 18 & older	80% of the Medicare approved amount after annual deductible
Annual GYN Services (includes pap smear) rendered in the office	80% of the Medicare approved amount after annual deductible. Note: Limited to one every three years and pap smear is not subject to annual deductible
Mammography Screening (Provider must be American College of Radiology [ACR] approved)	80% of the Medicare approved amount. Note: Limited to one screening annually after age 40
Prostate Cancer Screening (including PSA test)	80% of the Medicare approved amount after annual deductible. Note: Limited to one exam annually after age 50 and PSA is not subject to coinsurance or deductible

# Montgomery County CareFirst BlueCross BlueShield

## Medicare Point-of-Service Plan Pays:

100% of the inpatient deductible days 1–70. The benefit will reduce to 80% after day 70 unless there have been 90 continuous days since the discharge from the last admission.

Days 1–20: Medicare covers at 100% of the Medicare approved amount  
Days 21–100: 100% of per day deductible

100% of the Medicare unpaid balance including the Medicare deductible

100% of the Medicare unpaid balance including the Medicare deductible

100% of the Medicare unpaid balance including the Medicare deductible

100% of the Medicare unpaid balance including the Medicare deductible

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100% of the Medicare unpaid balance including the Medicare deductible

100% of the Medicare unpaid balance including the Medicare deductible

100% of the Medicare unpaid balance including the Medicare deductible

100% of the Medicare unpaid balance including the Medicare deductible  
Note: Medicare covers clinical laboratory services at 100%—no Carefirst payment necessary

100% of the Medicare unpaid balance including the Medicare deductible

100% of the Medicare unpaid balance including the Medicare deductible

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Note: Medicare covers clinical laboratory services at 100%—no Carefirst payment necessary

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100% of the Medicare unpaid balance including the Medicare deductible

100% of the Medicare unpaid balance including the Medicare deductible

100% of the Medicare unpaid balance including the Medicare deductible  
Note: Limited to one screening annually after age 40

100% of the Medicare unpaid balance including the Medicare deductible

Note: CareFirst will pay up to the Medicare approved amount if the provider accepts Medicare assignment. CareFirst will not pay above the limiting amount if the doctor does not accept Medicare assignment.

\*1. The deductible is to be satisfied if it is a non-Medicare service.

2. 80% applies if Medicare does not cover the service. The service must fall into normal group benefits.

3. Questions regarding normal group benefits, please call Member Services at 1-888-417-8385.



## Health Benefits Summary

## Medicare Pays:

<b>Emergency Care</b>	
Accidental Injury/First Aid and Medical Emergency or Life Threatening Event	80% of the Medicare approved amount after annual deductible
Follow-Up Visits to an Accidental Injury or Medical Emergency	80% of the Medicare approved amount after annual deductible
<b>Ambulance</b>	
Ground (public and private)	80% of the Medicare approved amount after annual deductible
<b>Mental Health</b>	
Inpatient Hospital/Facility and Professional Services	100% of the Medicare approved amount after inpatient deductible Note: Coverage limited to 190 lifetime days.
Outpatient Facility, Professional Services	50% of the Medicare approved amount after annual deductible
<b>Prosthetic Devices &amp; Orthopedic Braces</b>	
Purchase, repair or replacement	80% of the Medicare approved amount after annual deductible
<b>Durable Medical Equipment</b>	
	80% of the Medicare approved amount after annual deductible
<b>Medical Supplies</b>	
	80% of the Medicare approved amount after annual deductible
<b>Home Health Care</b>	
Facility/Agency	100% of the Medicare approved amount
<b>Outpatient Private Duty Nursing (non-custodial; pre-authorization required)</b>	
	100% of the Medicare approved amount
<b>Hospice Care (inpatient or at home; pre-authorization required)</b>	
	100% of the Medicare approved amount
<b>Cardiac Rehabilitation</b>	
	80% of the Medicare approved amount after annual deductible
<b>Organ Transplants</b>	
Kidney, Cornea, Bone Marrow	80% of the Medicare approved amount after annual deductible
Heart, Heart-Lung, Single or Double Lung, Pancreas, and Liver	80% of the Medicare approved amount after annual deductible
<b>Prescription Drugs</b>	
Outpatient prescription drugs	Check eligibility requirements with Medicare
Drugs dispensed by medical provider in office	Verify with Medicare
<b>Routine Vision</b>	
	Not covered
<b>Dental</b>	
	Not covered
<b>Additional Information</b>	
Deductible	Verify with Medicare. Deductibles change yearly
Stop Loss	Not applicable
Lifetime Maximum	Not applicable
Coinsurance	Depends on services rendered

Note: This benefit matrix is intended for comparison/informational purposes and is not meant to be a binding contract. Specific benefit inquiries or quotes for benefits should be directed to the appropriate customer service department.

The Medicare information provided in this brochure is based on Medicare's benefit information for 2006.



# Montgomery County CareFirst BlueCross BlueShield

## Medicare Point-of-Service Plan Pays:

Within 72 hours—100% of the Medicare unpaid balance including the Medicare deductible

100% of the Medicare unpaid balance including the Medicare deductible

100% of the Medicare unpaid balance including the Medicare deductible

100% of inpatient deductible days 1–30. Note: Coverage limited to 30 days and renews when there are 90 days from discharge of the last admission; then 100% of Medicare unpaid balance

Visits 1–20: 52% of the Medicare unpaid balance including the Medicare deductible

Visits 21+: 50% of the Medicare unpaid balance including the Medicare deductible

100% of the Medicare unpaid balance including the Medicare deductible

100% of the Medicare unpaid balance including the Medicare deductible

100% of the Medicare unpaid balance including the Medicare deductible

Medicare covers at 100% of the Medicare allowed amount—no CareFirst payment necessary

Medicare covers at 100% of the Medicare allowed amount—no CareFirst payment necessary

Medicare covers at 100% of the Medicare allowed amount—no CareFirst payment necessary

100% of the Medicare unpaid balance including the deductible

100% of the Medicare unpaid balance including the deductible

100% of the Medicare unpaid balance including the deductible

Not covered through CareFirst. Verify with Montgomery County prescription drug options

100% of the Medicare unpaid balance including the Medicare deductible

Not covered

Not covered

\$300 Major Medical deductible\*

\$1,000 per calendar year

Not applicable

80% of the Plan Allowance\*

Note: CareFirst will pay up to the Medicare approved amount if the provider accepts Medicare assignment. CareFirst will not pay above the limiting amount if the doctor does not accept Medicare assignment.

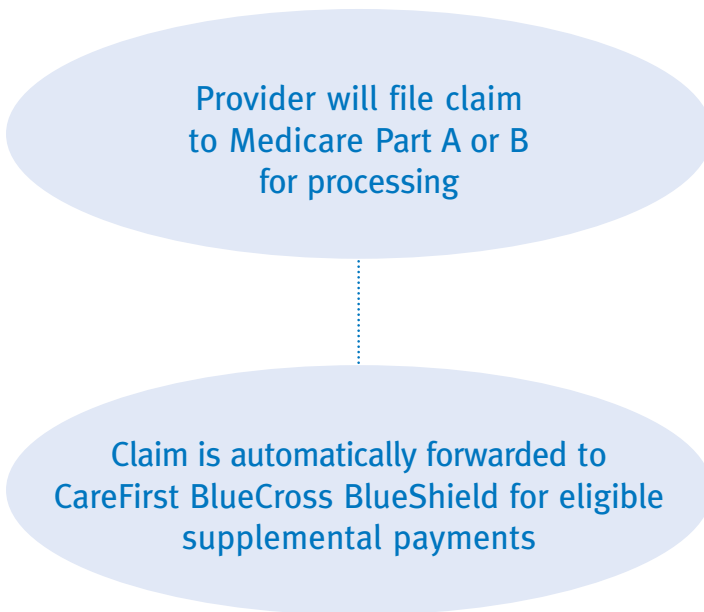
\*1. The deductible is to be satisfied if it is a non-Medicare service.

2. 80% applies if Medicare does not cover the service. The service must fall into normal group benefits.

3. Questions regarding normal group benefits, please call Member Services at 1-888-417-8385.

# How to File Medical Claims

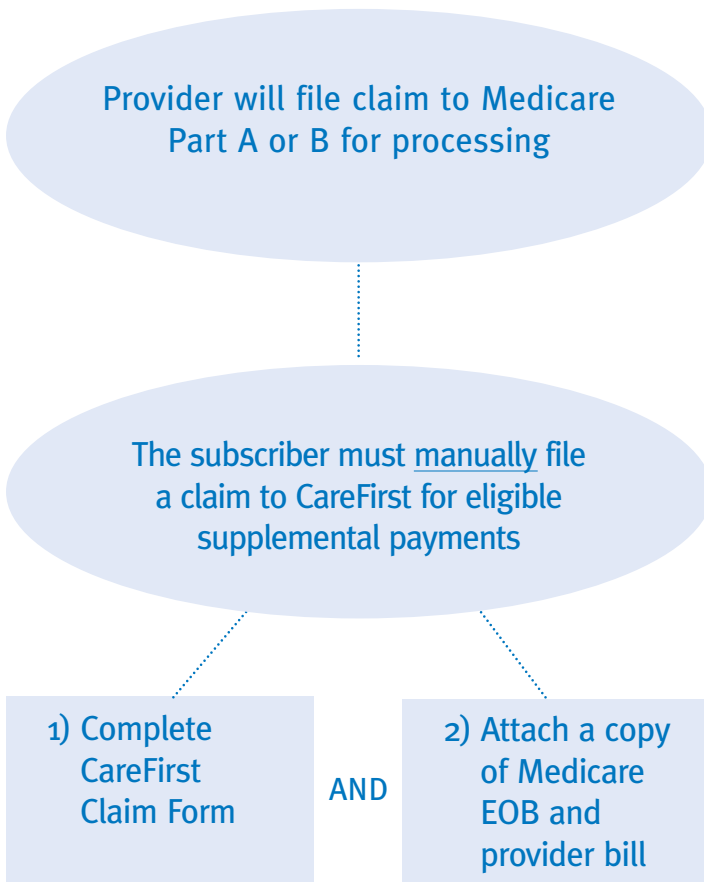
## Care Rendered in Maryland



- If the provider accepts Medicare assignment, Medicare and CareFirst payments are sent directly to the provider.
- If provider does NOT accept Medicare assignment, the Medicare and CareFirst payments are sent directly to you.
- You will receive:
  - 1) Medicare Explanation of Benefits
  - 2) Carefirst Explanation of Health Care Benefits


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## Care Rendered Outside of Maryland



- If provider accepts Medicare assignment, the Medicare payment is sent to the provider, but the CareFirst payment will be sent directly to you.
- If the provider does not accept Medicare assignment, you may be asked to pay the full amount of the bill (up to 15% over Medicare's approved amount) at the time of service. The Medicare and CareFirst payments are sent directly to you.
- Once the claim is processed by Medicare, you will receive a Medicare Explanation of Benefits.
- If your provider will not file the claim with CareFirst:
  - 1) Complete a CareFirst Major Medical Claim Form
  - 2) Attach a copy of Medicare Explanation of Benefits and an itemized bill from the provider
- Once the supplemental benefit is paid by CareFirst, you will receive a CareFirst Explanation of Health Benefits with the payment.

# Understanding Your Medicare Explanation of Benefits



**HCFA**  
MEDICARE + MEDICAID  
Health Care Financing Administration

322727148  
Page 1 of 2  
July 3, 2000

## Medicare Summary Notice

**CUSTOMER SERVICE INFORMATION**

**Your Medicare Number:**

If you have questions, write or call:  
 Medicare Part B  
 P.O. Box 5798  
 Timonium, MD 21094-5798

**Toll-Free: 1-800-444-4606 MD**  
**TTY for hearing impaired: 1-800-516-6684**

**HELP STOP FRAUD:** Be informed - Read your Medicare Summary Notice.

This is a summary of claims processed from 06/07/2000 through 06/29/2000.

**PART B MEDICAL INSURANCE - ASSIGNED CLAIMS**

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 02-00147-171-950 Johns Hopkins Bayview, Po Box 630748, Baltimore, MD 21263-0748 Dr. Christmas, Colleen M.D.						
	1 Office/outpatient visit, est (99213)	\$57.00	\$48.63	\$38.90	\$9.73	a
Claim number 02-00171-136-230 Johns Hopkins Bayview, Po Box 630748, Baltimore, MD 21263-0748 Dr. Christmas, Colleen M.D.						
	1 Office/outpatient visit, est (99213)	\$57.00	\$48.63	\$38.90	\$9.73	a

*This is an Explanation of Benefits for a resident of Maryland.*

**You  
May Be  
Billed**

### You May Be Billed:

This amount represents your deductible or coinsurance under Medicare. **Do not pay this amount to the provider at the time you receive this notice.** When you receive care in Maryland, the claim will automatically be filed to CareFirst for review and payment of eligible supplemental plan benefits.

**Medicare  
Approved**

### Medicare Approved:

The amount Medicare approves for a certain service or supply. A provider who accepts Medicare assignment will accept this amount as payment in full. A provider who does not accept Medicare assignment can bill an additional 15% over this amount.

**Medicare  
Paid  
Provider**

### Medicare Paid Provider:

The amount of the payment made by Medicare directly to the provider of care.


# Understanding Your CareFirst Explanation of Health Care Benefits (EOHB)

## EXPLANATION OF HEALTH CARE BENEFITS

**\* THIS IS NOT A BILL. PLEASE RETAIN FOR FUTURE REFERENCE. \***

PAGE 1  
DATE 07/03/00

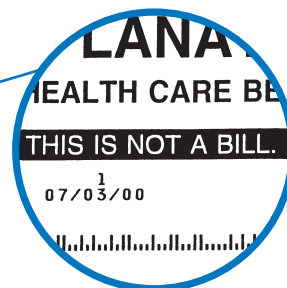
1100257174361  
AMERICAN RADIOLOGY SRVCS  
RADIOLOGY

**CareFirst**   
**BlueCross BlueShield**

PLEASE DIRECT INQUIRIES TO:  
GOVERNMENT METRO SERVICE  
FOR INQUIRIES CALL: 410-581-3528  
OUT OF AREA CALL: 1-800-342-4157  
24 HOURS PER DAY, 7 DAYS A WEEK  
DEAF ONLY WITH TTY: 410-998-7338  
OR WRITE: GOVERNMENT METRO  
10455 MILL RUN CIRCLE  
OWINGS MILLS, MD 21117-5559

MEMBERSHIP#: \_\_\_\_\_  
SUBSCRIBER: \_\_\_\_\_  
GROUP: BALTIMORE COUNTY MARYLAND

CLAIM #/ PROVIDER/ SERVICE	DATE OF SERVICE	BILLED CHARGES	REDUCTION OF BILLED CHARGES	PRIMARY PAID/ PRIMARY ALLOWED	AMOUNT ELIGIBLE HOSPITAL DIFF/DISC	COPAY/ DEDUCTIBLE	% COV	AMOUNT COVERED	YOUR SHARE OF THE COST	AN O T E
1100257174361 AMERICAN RADIOLOGY SRVCS RADIOLOGY	09/02/00	225.00		175.25	49.75		100	49.75	0.00	A B



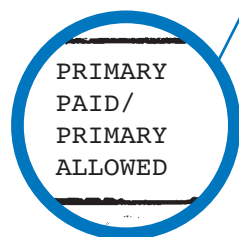
### This is not a bill:

Please do not pay the "Your Share of the Cost Amount." Wait for a bill, if any, to come to you. This is simply a statement of Health Care Benefits.



### Your Share of the Cost:

The total of the coinsurance and other amounts not covered. The provider may bill for this amount.



### Primary Paid/Primary Allowed:

The amount paid by Medicare or other insurance.



### Amount Eligible Hospital Diff/Disc:

The remaining amount to be considered by CareFirst as covered services.



# Examples of How Medicare and the Medicare Point-of-Service Plan Pay Claims

## Example 1: Participant Hospitalization less than 60 day stay

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<b>Hospital Billed Charges</b>		<b>\$5,000</b>
Medicare Deductible		\$ 952
	(based on 2006 Medicare Deductible)	
Amount Paid by Medicare		\$4,048
Amount Paid by Medicare Point-of-Service Plan	100%	\$ 952
Services Provided by Participating Hospital		
<i>(Hospital Billed Charges less Amount Paid by Medicare)</i>		

## Example 2: Inpatient Physician Expenses- Medicare Deductible of \$124 Not Met

---

<b>Physician Billed Charges</b>		<b>\$800</b>
Medicare Allowance		\$700
Medicare Deductible	-	\$124
		\$576
Amount Paid by Medicare (80%)		\$460.80
Amount Paid by Medicare Point-of-Service Plan		
Services Provided by Participating Provider	100%	\$239.20
<i>(Medicare Allowance less Amount Paid by Medicare)</i>		

## Example 3: Inpatient Physician Expenses- Medicare Deductible of \$124 Met

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<b>Physician Billed Charges</b>		<b>\$800</b>
Medicare Allowance		\$700
Medicare Deductible	-	\$ 0
		\$700
Amount Paid by Medicare (80%)		\$560
Amount Paid by Medicare Point-of-Service Plan		
Services Provided by Participating Provider	100%	\$140
<i>(Medicare Allowance less Amount Paid by Medicare)</i>		

# Frequently Asked Questions

## What is Medicare Hospital Insurance?

This is what is known as Medicare Part A. It helps pay for medically necessary inpatient care in a hospital, skilled nursing facility or psychiatric hospital and for hospice and home health care.

## What is Medicare Medical Insurance?

This is Part B of Medicare. Part B helps pay for medically necessary physician services and many other medical services and supplies not covered by Part A.

## I've heard the term "Accepting Assignment." What does this mean?

When a doctor accepts Medicare assignment, this means he agrees to accept the Medicare-approved amount as full payment on all Medicare claims. Some physicians accept assignment on a case-by-case basis while others sign full participation agreements with Medicare. To avoid having to pay excess charges for services, always ask your physicians and medical suppliers whether or not they accept assignment.

## Are there other advantages of using physicians and suppliers who accept assignment?

Yes. **Medicare will pay their percentage of the benefit directly to the provider.** Those who do not accept assignment may collect the full amount of the bill from you. Medicare then reimburses you its share of the approved amount for the services or supplies received. **Regardless of whether your physicians and suppliers accept assignment, they must file your Medicare claim for you.**

## Must I choose a Primary Care Physician (PCP)?

No. You may choose any doctor for your visit.

## How much more should I expect to pay if my physician does not accept assignment?

While physicians who do not accept assignment of Medicare claims can charge more than physicians who do, there is a limit to the amount they can charge for services covered by Medicare. They can charge you only 15% more than the Medicare-approved amount and you must pay this additional charge. This is called the "limiting charge" and you do not have to pay more than this amount.

## How do I determine the limiting charge for a service?

Contact the Medicare carrier for your area at the customer service number which is located on your Explanation of Medicare Benefits (EOMB). Limiting charge information also appears on the Explanation of Medicare Benefits (EOMB) generally sent to you by your Medicare carrier after you receive a Medicare-covered service. If your physician has exceeded the charge limit, contact the physician and ask for a reduction in the charge, or a refund if you have paid the bill. If you cannot resolve the issue with the physician, call your Medicare carrier.

## Will I have health care coverage if I travel outside of the United States?

Medicare does not provide a benefit for care rendered outside of the United States, but your CareFirst BlueCross BlueShield Medicare Supplemental Plan will. You will need to submit an itemized bill (in English) to CareFirst BlueCross BlueShield for reimbursement.

# Contact Listing for Benefits Information

## Contact:

## Regarding:

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**CareFirst BlueCross BlueShield**

1-888-417-8385

[www.carefirst.com](http://www.carefirst.com)

- Medical claim forms
- Claims payment or Explanation of Benefits questions
- Coverage for specific procedures
- Amount owed to provider
- Requesting duplicate ID cards

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**Montgomery County Office of Human Resources,  
Benefits Team**

240-777-5000

- Enrollment guidelines, costs and general benefits questions for retirees
- Changes in family status
- Changes in life insurance beneficiaries
- Questions regarding retirement deductions and/or adjustments related to employee benefits

---

**Social Security Administration (SSA)**

800-772-1213

- Change of address
- General Medicare Part A or B eligibility or premiums

---

**Medicare Help Line**

800-MEDICARE (633-4227)

[www.medicare.gov](http://www.medicare.gov)

- Request new ID card
- Ordering Medicare publications
- General Medicare information

---

**Medicare Part A & B—Maryland (Trailblazers)**

800-444-4606

- Questions regarding bills and services in Maryland only
- Questions about a Medicare Explanation of Benefits statement

Policy Form Numbers:

Indemnity Procurement-1/7/98; GPS MIN PREM MCGR 10/98; MCG CERT RET 10/98; MCG CARVE 10/98 and any amendments.

Point of Service-1/7/99; GPS MIN PREM MCG 5/00; GPS MIN PREM MCG 10/98; MCG CERT 10/98 1A; MCG CERT 10/98 00A;  
MCG 10/98 1A; MCG 00A 10/98; ATTB MCG 10/98 1A; ATTB MCG 00A 10/98 and any amendments.



## Health Information on the Internet

Visit our own online, interactive guide to health topics. Called *My Care*

*First*, this site offers information on nutrition, fitness, chronic illnesses, stress, mental health and much more. You'll also find support if you're trying to lose weight, quit smoking or manage your chronic illness. *My Care First* covers the latest developments in medicine and health. Check it out at

[www.carefirst.com](http://www.carefirst.com) to learn how you can maintain a healthier lifestyle.

## Options Discount Program

CareFirst's Options program provides you with discounts on laser vision correction, Beltone hearing aids, fitness centers and mail order contact lenses, as well as alternative therapies such as acupuncture, massage therapy and chiropractic care.

You can also save \$10 on a 3-month subscription to Weight Watchers® Online when you sign up through [www.carefirst.com](http://www.carefirst.com). Weight Watchers®



Online provides a set of personalized tools to help you stay on track. Set up your own Online Journal, meal Planner, Weight tracker, and Progress Charts, and search a database of over 800 Weight Watchers® recipes, and calculate points for your own foods and meals. Options is not a covered benefit under your health plan, but rather a way for you to access health and wellness practitioners at discounted rates. To find out more, visit [www.carefirst.com](http://www.carefirst.com).

## Online access through My Account

CareFirst is pleased to introduce *My Account*, a Web site that allows you to directly access your health benefit information online. So now, you can obtain answers to many questions regarding your health insurance coverage and costs, including your date of eligibility, who is included on your policy and the status of your current and previous claims, as well as your current deductible and maximums — all conveniently online. Visit [www.carefirst.com/myaccount](http://www.carefirst.com/myaccount) to register.





840 First Street, NE  
Washington, DC 20065  
[www.carefirst.com](http://www.carefirst.com)

CareFirst BlueCross BlueShield is the business name of Group Hospitalization and Medical Services, Inc. CareFirst BlueCross BlueShield is an independent licensee of the Blue Cross and Blue Shield Association. ® Registered trademark of the Blue Cross and Blue Shield Association. ® Registered trademark of CareFirst of Maryland, Inc.